

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP								
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9		8					59							
10		7					60							
11							61							
12							62							
13		(1)					63							
14							64							
15							65							
16		(1)					66							
17							67							
18							68							
19							69							
20							70							
21							71							
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40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1						TOTAL IND.							
TOTAL DEP.	28													
TOTAL CLAIMS	23													